



Health and Welfare Fund

6281 Youngstown-Warren Rd., Suite 240
Niles, Ohio 44446
330-652-3475 FAX 330-652-3513
Toll Free 1-800-362-9354
www.ohiocarpenters.com

October 13, 2008

Dear Participant:

The following information is a quarterly income and expense summary to inform you the member of the Fund's financial position and additional information that will help you in understanding your benefits that are available.

The Fund experienced a \$5,643,246 increase in Fund assets for the quarter ended 7/31/2008. Plan expenses were \$13,133,933 in benefits paid to participants and administrative costs. Total income was \$18,777,179 that includes employer contributions, employee self pays and investments.

Please remember that this is an un-audited summary and is subject to change. The reserves for estimated liabilities are determined annually by the Fund's Consultant. No adjustments of these liabilities have been made since the prior year-end. Appropriate adjustments will be made to the audited year-end financial statements to be issued subsequent to these summaries. You will be receiving a quarterly summary in the future any questions please address them to the Fund Office.

PAIN MEDICATIONS

What you should know

If you're confused about which pain-relieving drug to take for muscle and joint pain, it's no wonder. Amid the swirl of news reports about the potential dangers of pain relievers, it's hard to know what risks you're taking when you swallow these pills.

Fortunately, most common types of pain medication are quite safe when taken at or below recommended doses for short periods of time. Still, none is risk-free, and the risk of serious side effects climbs when you take higher doses, especially above the recommended dose. Side effects also can occur in some who take the recommended dose for a long period of time.

Here are the answers for some common questions about the benefits and risks that are unique to each of the many types of pain-relieving drugs on the market.

Q. Is Tylenol safe to use?

A. In one sense, yes, acetaminophen (Tylenol, others) is one of the safest pain-relieving medications on the market when taken at or below recommended doses.

However, taking more than 4,000 milligrams (mg), or eight 500-mg tablets, in 24 hours can put you at risk of liver or kidney damage or liver failure. Even less than this amount may be too much if you weigh less than 120 pounds, have more than three alcoholic drinks a day or have liver or kidney problems. Alcohol consumption puts you at some increased risk of liver damage or failure even from normal doses, and an especially increased risk if you take higher doses.

Remember, many prescription painkillers and nonprescription cold and flu drugs contain acetaminophen. As you calculate how much acetaminophen you've taken in a day, be sure to add these "hidden" sources to the tally.

Q. Can anything prevent stomach problems with pain relievers?

A. Developing bleeding or ulcers in your stomach is definitely a risk if you take aspirin or any type of NSAID. It's also a risk if you take celecoxib. To reduce risk, take your pain reliever with food. Don't smoke, and avoid alcohol consumption.

Several drugs that reduce stomach acid production may help. These include the proton pump inhibitors esomeprazole (Nexium), omeprazole (Prilosec, others), pantoprazole (Protonix) and rabeprazole (Aciphex). In addition, misoprostol (Cytotec, others) can help protect the stomach's inner lining.

Q. Are there any other side effects I should know about?

A. Yes. Long-term use of any type of NSAID or COX-2 inhibitor can cause kidney damage. High doses of acetaminophen or aspirin may do so, as well.

NSAIDs and COX-2 inhibitors also can impair kidney function in the short term. This is particularly true in people taking other medications, such as angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB's) as well as in those who have pre-existing high blood pressure or kidney problems, and in those who become dehydrated.

In addition, these drugs may lead to fluid retention, which can aggravate high blood pressure and heart failure. The risk of developing these problems is higher if you already have impaired kidney function or if you're an older adult, since kidney function tends to decline somewhat with age.

If you're taking any of these drugs on a frequent, long-term basis, have your blood pressure checked regularly. If you're taking NSAIDs

or a COX-2 inhibitor, have your kidney function checked regularly.

Q. Should I avoid pain medications altogether?

A. Not necessarily. When used appropriately, pain medications can be very effective at reducing pain and improving quality of life.

Still, it's wise to be cautious. Use the lowest effective dose for the least amount of time possible. For muscle and joint pain, you may be able to reduce your need for pain relievers in a number of ways, including maintaining a healthy weight, reducing stress, using hot or cold packs, avoiding aggravation of a sore joint or muscle, or by developing an exercise plan with a physical therapist.

If you do need to take these drugs longer term, talk to your doctor about the potential risks and how to recognize, or test for, early signs and symptoms of trouble.

The bottom line is that it's safest to take the correct amount of any painkiller for the shortest period of time necessary. Intermittent use may be safer than continuous use if that's an option for you.

Q. What's safest for your heart?

A. If you need to take pain relievers on a regular basis, it's important to work closely with your doctor to find the safest effective drug for your circumstances.

The American Heart Association recently outlined a general approach for reaching that goal. It recommends that people start at the top of the list with the safest pain relievers, from the standpoint of the heart, moving progressively down the list if the safer options aren't providing to be effective. The list, starting with the safest includes:

SAFEST

Acetaminophen (Tylenol, others) or aspirin.

Tramadol (Ultram, others), which is a narcotic-related medication.

Salsalate and choline magnesium trisalicylate. These less well-known drugs related to aspirin. They're easier on the stomach, but don't protect the heart, as does aspirin.

Naproxen (Aleve, Naprosyn, others).

Ibuprofen (Advil, Motrin IB, others) ketoprofen, diclofenac (Cataflam, Voltaren, others), other nonsteroidal anti-inflammatory drugs (NSAIDs).

Celecoxib (Celebrex).

LEAST SAFE

– September 2007 www.HealthLetter.MayoClinic.com

★★ REMINDER ★★

Self payments must be paid to the Welfare Fund for the full amount billed to assure coverage will be in force during the eligibility period. The Fund Office does not mail an adjusted billing after late hours are posted. Late collections from delinquent employers or other Carpenters' funds will result in a refund of overpaid amounts. **If there is a question regarding receipt of late hours you should contact the Fund Office prior to making the payment.**

Reciprocal Agreements allow the transfer of hours and payment between Carpenters' Welfare Funds. Employees wishing to make transfers to their home fund must sign an authorization for the fund where the employer payments were made. It is your responsibility to file the request for the transfer of your Health and Welfare hours. Some Welfare Funds are not signatory to the reciprocal agreement. Information about signatory funds can be obtained by contacting the Fund Office.

Vacation Savings - Members working outside the Funds jurisdiction must contact that Fund with questions.

PLEASE LET US KNOW IF YOUR ADDRESS CHANGES

If you have moved, either fax or mail a letter with your address change, or call the Fund Office and we will mail you an address change form.

We cannot accept address changes over the telephone.

USE THE WEBSITE

- Basic fringe benefit information;
 - Summary Plan Descriptions, Notices and Newsletters;
 - Links to Health Fund's Preferred Provider Organization (PPO) and to the Ohio State Carpenters Pension Plan Websites.
- Visit us at www.ohiocarpenters.com

Sincerely,

Board of Trustees of the Ohio
Carpenters Health and Welfare Fund

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Niles, OH
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Health and Welfare Fund
6281 Youngstown-Warren Rd., Suite 240
Niles, Ohio 44446-4690



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